

## Appendix C. Interview Guide and File Review Worksheets

### Topic Guide for Interviews with PHA Staff

#### Introductory Script

Thank you very much for taking the time to meet with us. The information we are collecting today is part of a new HUD study of administrative costs in the Housing Choice Voucher program. The goal of the study is to estimate the cost of administering a high-performing voucher program and to use that cost information to inform the development of a new administrative fee formula.

The study has three phases. The first phase is a reconnaissance phase with the goal of collecting information on HCV administration to inform the design of a rigorous national study of HCV administrative costs. The first phase of the study began in October 2010 and will last until March 2012. The second phase is a pretest of the research methodology for the national study of administrative costs. The pretest will take place at four PHAs in spring 2012. The final phase of the study is the full time-and-motion and administrative cost study, which will begin in the summer of 2012 and will be completed in 2014.

~~A total of~~ Approximately 35 high-performing HCV programs across the country have been identified that meet the study's criteria and are sufficiently large to include in the study. The desired sample size for the full study is 55 up to 60 PHAs. These visits are being conducted to supplement that sample. The final sample will be chosen to reflect the diversity in HCV program size and geographic location nationwide, and to include a mix of HCV-only agencies as well as agencies that run both HCV and public housing programs. Your PHA was selected because of a consistent pattern of high-performance over the last four years.

We have two primary goals for our visit over the next few days. First, we will conduct interviews, file reviews and document reviews to confirm your agency's High Performer status. We will also be assessing areas of efficiency and innovation. Second, we will use the information gathered during our visit to confirm your agency for possible inclusion in the full national study described above.

We hope that you will be candid in the information you provide about how you administer the voucher program and aspects of program administration that you see as efficient or inefficient. Nothing we learn will be held against your agency in any HUD performance assessment or funding decisions. In the unlikely event that the study uncovers an area where the program is not being operated according to the regulations, HUD will notify the agency but will not take further action unless the agency continues to operate the program in violation of the regulations.

Do you have any questions about the study before we begin?

**Note to Site Visitors:** *Please fill in every answer box. If the question is not relevant or you could not get the answer to it, please note that in the answer field. We would like everyone to complete all questions and provide all data items to the extent possible.*

### Opening Questions for the HCV Program Director

1. How long have you been the voucher program director? Describe your experience with the HCV program before becoming HCV program director.
2. What do you consider to be your primary responsibilities and duties as program director?
3. What (if anything) would you change in the national design of the HCV program?
4. How do you believe the program is viewed in your community by participants? Landlords? Social service organizations? Local government leaders? General public? HUD?
5. Describe your major challenges in meeting HUD requirements, local policy, and maintaining a productive and efficient work force.
6. In what areas do you think your program is particularly cost efficient?
7. In what areas would you like to improve the program's cost efficiency?
8. What aspects of program administration take the most staff time?
9. Are there particular characteristics of your program (such as the client population, the type of housing stock, the presence of an active Legal Aid, project basing or homelessness as policy priorities, etc.) that you think make it more expensive for you to administer the HCV program relative to other PHAs? If so, describe.
10. Are there any such factors that make it *cheaper* for you to administer the HCV program relative to other PHAs? If so, describe.

**Voucher Allocations and Program Components (To be asked primarily of HCV Director)**

1. What type of organization is your PHA? Is it a standalone PHA, a unit of government, or a nonprofit?
  - If the PHA is a unit of government, how does the PHA fit within the government structure?
  
2. Please provide the total vouchers allocated and total vouchers under lease for the following voucher types:

<b>Voucher Type</b>	<b>Description</b>	<b>Number of Vouchers Allocated</b>	<b>Number of Vouchers Under Lease</b>
Regular HCV	Regular tenant-based HCV program		
Project-Based	Project-based vouchers		
Homeownership	Voucher homeownership program		
HUD-VASH	Veterans Affairs Supportive Housing		
Family Unification Program	Family Unification Program (FUP); Family Unification Program Families (FUPF); Family Unification Program Youth (FUPY)		
5-yr Mainstream Vouchers	5-year Mainstream Vouchers for elderly and non-elderly disabled		
Non-elderly disabled vouchers	Non-Elderly Disabled Vouchers (NED); One-year Mainstream (MS1); Multifamily Designated (MFDES for Certain Developments – non-elderly disabled); Public Housing Designated (PHDES); Nursing Home Transition (NED Category II); Project Access		
Tenant Protection Vouchers	Public Housing Relocation/Replacement (PHRR)		
Disaster Voucher Program	DHAP-Katrina; Katrina Temporary Housing Units; DHAP-Ike		
Other Voucher Type	All other voucher types not identified above		

3. *If table above indicates that PHA has not project-based any vouchers:*
- a. Has the agency ever tried to project-based vouchers? If so, describe.
  - b. Why or why not?
  - c. Have you encountered any obstacles that prevent you from project-basing? If so, describe.
4. *If the PHA has project-based vouchers: Have you targeted any project-based vouchers to serve the following populations: chronically homeless, homeless families, homeless veterans, or homeless youth?*
- B. Have you targeted any project-based vouchers to serve any other special populations? If so, describe.
5. Do you operate an HCV FSS program?
- Yes
  - No
- a. Is the PHA required to operate the FSS program because of FSS incentive award funding or additional vouchers received in prior years?
    - Yes, mandatory program for PHA
    - No, not mandatory program for PHA
  - b. If so, how many participants does the program have?  
Number of participants: \_\_\_\_\_
  - c. How many FSS slots does the program have?  
Number of slots: \_\_\_\_\_
  - d. In the past 12 months, how many participants met their goals and completed their FSS contracts?  
Number of completions: \_\_\_\_\_
  - e. How many current FSS participants have an escrow account? \_\_\_\_\_

**Staffing (To be asked of HCV Director but with some questions for line staff as noted)**

- (You will have requested an organizational chart for the HCV program in advance. Refer to the chart for this question.) How many full-time staff (or full-time-equivalents) currently work on the HCV program, including FTEs for functions that are contracted out and FTEs for staff time spent on the HCV program but not necessarily part of the HCV program budget? Include FTEs for contracted out staff. Include FTEs related to voucher program activities for COCC staff. Complete the following staffing table:

Position	Number of FTEs (could be less than 1)		Source of Funding for Time not Billed to HCV Program	Contracted Out? (If partial, how much of total FTE?)	Charged to COCC?
	Billed to HCV Program	Not Billed to HCV Program but Time Spent on HCV Program			
Executive Director/CEO					
Director/Deputy Director					
Administrative Assistant/Secretary					
Manager					
Supervisor/Team Leader					
Technical staff (housing specialists)					
Technical staff (inspectors)					
Clerical staff					
Finance staff					
Quality control					
Customer service/call center					
Hearing officer					
FSS Coordinator					
IT					
Human resources					
Other (describe) _____					
Other (describe) _____					
Other (describe) _____					
Total					

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2. Are there any staff that are billed to the HCV Program that we have not accounted for above? If so, please indicate and estimate the FTE.
  
3. How are program tasks assigned? *Walk through the following activities and identify which staff performs the activity (or subtasks within the activity). Note anything PHA staff identifies as unusual or innovative in how tasks are assigned.*

<b>Activity/Task</b>	<b>Who performs it</b>	<b>Notes/comments</b>
Waiting List Management/ Selection		
Initial eligibility determinations		
Voucher issuance		
Rent reasonableness		
HQS Inspections		
Informal reviews and hearings		
Annual recertifications		
Interim recertifications		
Move processing		
Portability Billing		
Executing HAP contracts		
Denials/Terminations		
Processing HAP payments (including check run review)		
Data entry		
Customer service/complaint resolution		
Landlord outreach		
FSS program		
Voucher homeownership		
Clerical functions (if PHA has separate clerical support, what functions do they perform)		
Quality Control		

4. Are staff represented by a union or are civil service positions?
  - a. If so, specify which staff positions:
  - b. What implications does this have for the cost of running the HCV program?
5. How are new employees trained/prepared to complete the day to day functions of their positions?
6. How do you ensure your staff maintains current knowledge of the requirements of the HCV program?

**Utilization and Success Rates (To be asked primarily of HCV Director, with assistance from finance staff as needed)**

1. What is the current (year to date) utilization rate in your HCV program, in dollars and in units? What is the basis for this estimate (ensure the respondent excludes dollars and unit associated with vouchers from opt outs or incremental awards in the first 12 months)?
2. *If PHA is under-utilized on units (below 95%):* What are the reasons the agency is in this situation?
  - a. *(If PHA is under-utilized on units and at less than 100% utilization of budget authority):* Is the agency taking steps to correct the situation? If so, what steps?
3. *If PHA is over-utilized on budget (over 100%):* What are the reasons the agency is in this situation? Is the agency taking steps to correct the situation? If so, what steps?
4. Do you use HUD's projection spreadsheet for tracking utilization or an alternative tool? Does your agency take action based on findings from the utilization tool?
5. What is the initial search period on vouchers issued by your agency? What is the PHA's policy regarding extending search times? *(Obtain in advance from Admin Plan if possible and confirm/discuss on site.)*

6. Do you calculate success rates for your program, in addition to utilization? (Monitoring how many vouchers must be issued to obtain a particular number of lease ups)
  - Do you calculate the percent of clients called from the waiting list who attend a briefing?
  - Do you calculate the percent of clients who attend a briefing who lease-up?
7. Are you satisfied with your agency’s success rate? If not, have you taken any steps in recent years to increase the success rates?
8. At what percent of Fair Market Rent are your payment standards set?
9. How do you determine where the payment standards should be set?
10. When did your payment standards last change?

**Program Monitoring (To be asked of HCV Director but with some questions also asked of other staff)**

**Rationale:** High performing PHAs regularly monitor key aspects of program administration and make data-driven decisions.

1. What are the key reports used to monitor program performance in the HCV program? (Check all that apply.) How often to you receive the report, and what do you do with it?

Report Type	Frequency	Frequency
<input type="checkbox"/> Leasing and turnover	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____
<input type="checkbox"/> Voucher success rates	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____
<input type="checkbox"/> Portability	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____
<input type="checkbox"/> HAP funds and voucher utilization	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____



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Report Type	Frequency	Frequency
<input type="checkbox"/> Inspection results including HAP abatements for non-compliance with HQS	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____
<input type="checkbox"/> Timeliness of inspections	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____
<input type="checkbox"/> Timeliness of annual recertification processing and interim recertifications	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____
<input type="checkbox"/> EIV Reports (deceased individuals, income discrepancy, multiple subsidy, immigration, alternate ID)	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____
<input type="checkbox"/> PIC Reports	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____
<input type="checkbox"/> QC Reports	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____
<input type="checkbox"/> Informal review and informal hearings	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other	<input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____

2. Please describe the PIC and EIV reports that your agency monitors regularly?
  
3. Does your agency compare PIC data with data produced through VMS or your system of record?
  
4. How does your agency detect unreported or underreported income?
  
5. Do you have written protocols for detecting and preventing fraud, mismanagement, waste and abuse of program funds in general?

6. What are your policies and procedures for handling tenant unreported and under-reported income? Do you terminate assistance, offer repayment agreements or both? Are the policies written in the Administrative Plan? *(If possible, determine in advance from the Admin. Plan)*
  
7. Who in your agency is responsible for ensuring recapture/return of overpaid HAP? What about repayment of tenant overpayments (unreported income, household composition changes, etc.)?
  - a. How are repayments (owner and tenant) monitored?

**Quality Control *(To be asked of HCV Director and other HCV program staff as needed)***

*For site visitors: We will request copies of the last three months of QC reviews and results. These would likely include initial eligibility, all inspections, interim and annual recertifications, or a review of a random sample of files.*

*Describe briefly what the PHA was able to provide in terms of QC reports:*

1. Please describe the major systems and procedures you employ to ensure compliance with HUD rules and PHA procedures. Describe your quality control procedures for *(including sample size and frequency)*:

QC Area	How often QC is conducted	QC sample size
Admissions and Occupancy		
Rent reasonableness		
HAP processing		
Inspection and HQS enforcement		

- a. Do you use HUD’s regulatory required sample size for QC?<sup>1</sup> If not – in which cases do you use different samples? And why?
  
2. How do you use the results of the QC? *(Let the respondent answer first then ask the probes.)*

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<sup>1</sup> See SEMAP sample requirements guidance document.

- a. Is feedback provided to the person responsible for errors? Is the person required to correct his/her errors or does someone else correct the error?
- b. Are the results used to inform training for the entire staff?
- c. Are the results used to create new internal guidance or procedures?

**Wait List Management (*To be asked of HCV Director and intake staff*)**

1. How many people are currently on the HCV program waiting list?
2. How is your waiting list stored? (paper vs. electronic, one shared list, separate lists, etc.?)
3. Does the agency have any selection preferences for special populations for the HCV program (homeless veterans, youths aging out of foster care, etc.)? (Find out in advance from Admin Plan if possible, and confirm with PHA)
4. Is the HCV waiting list currently completely closed, open for some groups, or completely open?

If the list is open only for some groups, what groups?

If the list is not completely open, when was it last open?

5. How is the decision made to open (and close if applicable) the HCV waiting list?
6. How often do you contact people on the waiting list to verify continued interest and contact information (and drop people who are no longer interested or cannot be reached)?
  - a. How are people contacted?

- b. When did you last contact people on the waiting list to verify continued interest and contact information?
  - c. How do you decide when to contact people and update the waiting list?
  - d. If you don't conduct periodic contacts—why not?
7. How do you accept applications, and order them on the waiting list (date and time of receipt, determined by lottery system, preferences, other)?

**Intake and Briefings (*To be asked of intake staff*)**

1. Describe the intake process.
  - Is the eligibility determination done in person or by phone?
  - How many times must clients come to the office, call in, and meet with staff? What is the purpose of these meetings/discussions?
2. Describe the process that intake staff uses to screen clients and verify income.
3. How do you obtain reports on criminal activity? How do you use the information you obtain from those reports? How will fee proration affect this screening activity?
4. Do you require additional verification of citizenship beyond a signed declaration? How has this affected staff time dedicated to the program?
5. Describe your informal review process (who conducts them, how often are they requested, for what reasons, etc.)?
6. Do you run an EIV report 120 days after admissions?
7. Describe your agency's process for briefing applicants at the time of voucher issuance.

- a. How often are briefing materials updated?
- b. How is the required material covered in the briefings (videos, scripted presentations, etc.)?
- c. Are your briefings conducted in multiple languages? Are the briefing materials translated into multiple languages?

**Recertification and Termination (*To be asked of recertification staff*)**

1. Describe recertification procedures.
  - a. How often is recertification done? How far out from the planned effective date do you begin the process?
  - b. Are recertifications done in person, by mail or some other method?
  - c. How many times do clients come to the office, call in, and meet with staff?
  - d. Under what circumstances do you do interims? How many interims are completed on a monthly basis?
2. How is EIV used at recertification to detect unreported or under-reported income, potential multiple subsidy, etc.?
3. Does your agency have a written policy regarding participants that report zero income? Does your agency require more frequent recertifications for these participants? If yes, how often? Do you have any other practices regarding zero income participants?
4. Describe your agency's policy on contract rent increases.
  - a. Are there any limitations of frequency or timing of requesting contract rent increases?

5. How do you complete your utility allowance analysis each year? Is it done in house or by an outside contractor?
6. *(Refer to PIC data on average annual turnover and use interview to confirm or update.)*  
What is your average annual turnover rate of units, that is—what percent of your leased units terminate assistance each year?
7. What percentage of terminations is non-voluntary? What are the main reasons for non-voluntary terminations?
8. For those that are terminated based on PHA initiation, what percent of tenants request an informal hearing? What are the results of these reviews generally (continued assistance or termination)?
9. Describe the process for recording debts owed and termination reasons in EIV. How frequently is this done?

**Tenant Moves and Portability Processing *(To be asked of HCV Director, intake staff, and other HCV program staff as needed)***

1. On an annual basis, what percentage of tenants give notice to move from their unit and attempt to relocate to another unit within your agency’s jurisdiction? How many of these successfully move to a new unit?
2. Does your agency have policies regarding when a tenant can move to a new unit? Are there any restrictions on when or how often tenants can move? If so, describe.
  - a. Why have you chosen this approach?
3. How many port-ins have you had in the past 12 months? Do you bill for these households or absorb them into your program?
  - a. Why have you chosen this approach?

4. Do you use a portability tracking log to monitor portability? (*If possible, review the tracking log to see if you can determine whether forms are being sent on time.*) If not, how do you monitor timely billing submission?
5. How many port-outs have you had in the past 12 months? What percentage of those were billed to your PHA versus absorbed by receiving housing authorities?
6. Do you have an agreement with other PHAs relating to absorption/billing or the processing of ports between jurisdictions in order to reduce the administrative burden of portability? If yes, describe, and provide the rationale.

**Housing Quality Inspections (*To be asked of inspection staff and HCV program director if needed*)**

1. How would you describe the program's housing stock in terms of the types of units and the quality of units?
2. Has the PHA or locality adopted a higher quality standard than HQS for the HCV program?
3. What is the average number of days between receipt of an RFTA and the first inspection?<sup>2</sup>
4. How do you track RFTAs and coordinate with inspections? (*PHA might have a RFTA log or a manager monitoring and tracking RFTAs. If the PHA has a tracking log, ask to review it.*)
5. *If average number of days between receipt of RFTA and 1<sup>st</sup> inspection is more than 15 days:*  
What factors affect your ability to conduct the first inspection within two weeks?
  - a. Has the agency taken any steps in recent years to reduce the amount of time between RFTA receipt and the first inspection?

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<sup>2</sup> The HUD standard is that agencies with up to 1,250 vouchers should conduct inspections within 15 days of RFTA receipt and larger agencies should conduct inspections within a "reasonable" timeframe.

6. Are inspections contracted out or done by PHA staff?
7. How are inspections scheduled? (Explain system for scheduling by recertification date, lease anniversary date, or geographic area, multi-family building with multiple voucher-assisted households, or some other way)
8. Do inspectors use hand-held devices to record their inspection results? If so, is this an efficient system?
9. Approximately how many inspections are completed each day per inspector? (*If inspections are contracted out, try to get this information from the contractor.*)
10. Approximately what percent of new units (units new to the program) pass on the first inspection?
11. Approximately what percent of existing units pass on the first (annual) inspection?
12. How often do units fail for lead-based paint (all inspection types)?
  - a. How many units go through the clearance process each year for units that fail due to above de minimus lead based paint?<sup>3</sup>
13. After the first failed inspection, do you require a reinspection or allow for landlord certification? (*If PHA allows certification, ask to see the PHA's certification protocol.*)
14. On average, how many different units are inspected per voucher holder before a lease is signed (for both applicants and participant movers?)

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<sup>3</sup> Clearance refers to the various environmental evaluation procedures used to determine if the lead hazard control work was completed as specified, the area is safe for unprotected workers to enter, the area is a safe place for residents and young children to live, etc. Clearance testing must be conducted by a certified risk assessor or inspector technician." See <http://www.hud.gov/offices/lead/lbp/hudguidelines/Ch15.pdf>



15. What steps, if any, have you taken to reduce the number of failed inspections? How successful have those efforts been?
  - a. Do you have any policies about how many reinspections are allowed to occur?
16. How many units have HAP payments abated annually for failure to meet HQS?
17. Describe your process for taking action for HQS failures?
  - a. What is the process for notifying the owner and tenant of the reasons for failure and the time within which repairs are required?
  - b. How does the PHA ensure that HAP payments are abated as required by the regulations (after 24 hours for life-threatening failures; after 30 days for other failures)?
  - c. If repairs attributed to the owner are not made on time, what is the process for abating HAP payments? How do you track when abatements should be placed and lifted? *(Ask to see a report that shows units currently in abatement status and/or the system/log the PHA uses for ensuring abatements are placed and lifted appropriately. Ask the PHA to provide/show the complete abatement cycle using one of the abated units identified in 16 above.)*
  - d. If failures attributed to the tenant are not addressed, what is the process for taking action against the tenant?
  - e. What is the PHA's policy for complaint inspections? Are there any limitations on how often you will inspect a unit at the request of the owner or tenant (non-emergency reasons)?

**Rent Reasonableness *(To be asked of inspection staff or other staff as relevant)***

1. Describe your rent reasonableness process.

- a. Have you purchased a tool or service by an outside vendor to do the rent reasonableness test?
  - b. If applicable, who at the PHA conducts rent reasonableness tests?
2. Do you have a rent survey or maintain an ongoing database for collecting rent reasonableness information? How often is it updated?
3. How many comparable units do you use for rent reasonableness?
4. How does your agency's rent reasonableness policy handle the 9 factors? Do you consider all or some of the 9 factors? Which ones?

**Expanding Housing Opportunities *(To be asked of HCV Director and other HCV program staff as needed. Applicable only to PHAs in metropolitan areas.)***

1. How do you define a low poverty area in your jurisdiction? *(Ask to review available documentation. If PHA says all areas are low poverty, ask for data confirming this is true. This is especially important if the PHA has not taken any steps to expand housing opportunities because it claims that all areas are low poverty.)*<sup>4</sup>
2. What steps (if any) have you taken to recruit landlords with standard units in low poverty areas?
  - What response have you had from these landlords?
  - Do you keep lists of landlords with units in low poverty areas?
3. How do you make families aware of opportunities to rent units in low poverty areas?

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<sup>4</sup> SEMAP defines a low poverty census tract as a tract with a poverty rate at or below the overall poverty rate for the principal operating area of the PHA, or with a poverty rate at or below 10 percent, whichever is greater. The PHA determines the overall poverty rate for its principal operating area using the most recent available decennial Census data.

- Do you have any special information, services, or counseling designed to help families take advantage of these opportunities? If so, describe.
  - Do you provide any search assistance for families willing to consider moving to a non-impacted area?
4. Can you show me a map that identifies the high poverty and/or low poverty opportunity areas where there is affordable housing? Please review. (*Note: The map may be a part of the briefing packet provided in advance.*)
- How is the map used with staff, participants, and in landlord recruitment?
5. Are the payment standards in place adequate to gain access to units in low poverty areas?
- If not, have you implemented higher payment standards for particular parts of the jurisdiction?
  - If you have not implemented higher payment standards, have you considered doing so? Why did you decide not to implement higher payment standards?
6. (*Review Admin. Plan before asking question.*) What protocols does your agency have in place to comply with reasonable accommodation requirements?

**Customer Service (*To be asked of HCV Director and other HCV program staff as needed*)**

1. Please tell me about the customer service protocols you have in place.
- a. Do you have standards for answering/returning calls from participants and landlords?  
  
If yes, describe. What happens when a person calls the HCV program main number?
  - b. How do you handle walk-ins?

c. What is your process for complaint escalation?

**Use of Information Technology (To be asked of technology and program staff)**

1. Describe any new information technology and software systems that you have introduced in the past three years. Describe the technology and when it was introduced. How, if at all, has it made your work more efficient? How, if at all, has it made your work less efficient?

2. Do you use a commercial software system or an internally-developed system to handle core program functions, such as waiting list, eligibility, HAP calculations, etc.? *(Complete table below.)*

a. How long have you had these systems and processes in place?

b. How would you rate the effectiveness of these systems and processes and your ability to use them?

<b>Program Area</b>	<b>Commercial software (Y/N)</b>	<b>Internally-developed software (Y/N)</b>	<b>Years in place (approx.)</b>	<b>Notes on effectiveness</b>
Waiting list	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Eligibility/continued occupancy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
HAP calculation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<i>Specify if system does all or part of the calculation.</i>
HAP payments (holds, abatements)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Inspections (including scheduling)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
FSS Escrow (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Financial transactions (direct deposit, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Accounting and transaction management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

3. Are PIC submissions made through your system of record? If no, explain how PIC submissions are made.

**Impact of the Recent Reduction in HCV Program Administrative Fees**

1. Do you have any admin fee reserves (unrestricted net assets, UNA)?
  - a. If so, what is the balance?
  - b. If so, when will the reserves run out?
  - c. Will your UNA increase or decrease this year?
  - d. Are you using UNA to cover HCV admin expenses?
2. Have you had to take any actions as a result of the reduced administrative fee for 2011?
3. *If actions were taken*, what actions were taken in response to the 2011 fee cuts?
  - a. If staff were laid off or staff hours reduced:
    - Which staff?
    - How much savings did you realize?
    - What has been the impact on program operations?
4. *If actions were taken*, did the actions you took result in you having to stop or limit services or change procedures (e.g., not processing interim increases in income or requesting that owners not request a rent increase)?
  - a. If yes, describe the changes.
  - b. How will the actions affect next year's administrative fee funding, if at all?
  - c. How will the actions affect next year's HAP funding, if at all?
  - d. If the actions did not result in changes to services or procedures, why not?
5. What do you project the impact to be in 2012 with admin fees at the posted rates (prorated at 75%)?
  - a. Will you need to lay off staff or reduce staff hours?
    - If so, which staff?
  - b. Will you need to stop or limit services?
    - If yes, which services? (see examples)
      - Limit annual inspections
      - Limit annual re-certs
      - Limit current participant moves
      - Limit rent increases
      - Not process interim increases in income
      - Limit portability
      - Others?
  - c. How will these actions affect your administrative fee funding, if at all?

- d. How will these actions affect your HAP funding, if at all?
  - e. How will these actions affect program compliance? Will these actions affect your SEMAP score?
6. If you have UNA available, will you need to use it in 2012?
  7. What will happen to program operations and compliance when the admin fee reserves run out and/or admin fee are continued to be reduced?
  8. How will customer service be affected?
  9. Will special programs that you operate be affected? If so, how?

**Work Environment (*Not to be asked of PHA staff. To be completed by site visitors based on their observations.*)**

1. Is the traffic flow in the office well managed and controlled?
  - a. Are unescorted visitors allowed in work areas or areas where client personally identifying information (PII) may be compromised?
  - b. Are clients sitting in the lobby or waiting for extended periods of time to be helped?
2. Are hard copy papers containing PII (e.g., tenant files) appropriately secured (when not in use, not unattended)?
3. Is there sufficient space for private conversations/client interviews?
  - a. Is space is available where discussions involving sensitive client information (including PII) cannot be overheard by unauthorized persons (e.g., other clients, contractors, the public, etc.?)

**File Review Worksheets**

**CHECKLIST FOR INTAKE FILES (COMPLETE ONE CHECKLIST PER FILE)**

PHA: _____						
TENANT ID: _____		REVIEWER/Date: _____				
<b>Point at which Intake closed?</b>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/> Voucher Issued but family did not lease up : <b>Voucher Issuance Date</b> (50058 Transaction 10)						
<input type="checkbox"/> Family successfully leased up <b>Effective Date of New Admission</b> (50058 Transaction 1)						
<b>Section 1. Are the following Eligibility Documents in the File?</b>		<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>UTD</b>	<b>COMMENTS</b>
1.	Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	HUD-9886 Authorization to Release Information, signed by each household member age 18 and above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	HUD-52675 (Debts Owed to PHAs and Terminations) signed by all adult household members? [NA for withdrawals and Voucher Issuance or New Admission effective before 10/1/10]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	Documentation and verification of any preference used to select the household from the Waiting List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5.	Documentation of SSN, age and name for all household members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.	Were the relationships of all household members correctly classified? (50058 Item 3h)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7.	Citizenship declaration that covers all household members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	7a. Documentation of eligible non-citizen when applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8.	Evidence that a criminal background check was completed for all adult household members (AND juveniles if PHA policy requires)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9.	Does the file show that the Existing Tenant Search and Search for Former Tenant were conducted for all household members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	9a. If the HoH was found to have debts owed or was listed in another assisted unit, did the PHA act appropriately to address the issue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Section 2. Income, Expense and HAP Determinations (Applies only if the Intake process got as far as Income and Expense Determinations)						
10.	Did the PHA correctly determine income to be counted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.	Did the PHA correctly determine income to be excluded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12.	For each source of included income, does the file contain documentation to support the income entered on the HUD-50058?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13.	Were any dependents correctly identified and documented? [50058 Item 8q]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14.	Was the household properly classified as elderly or disabled? (if applicable) [50058 Item 8p]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15.	Were child care expenses documented and calculated correctly? [50058 Item 8t]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16.	Were total medical expenses documented and calculated correctly? [50058 Item 8k]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17.	Were total disability expenses documented and calculated correctly? [50058 Item 8h]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18.	Based upon the applicable Income Limit was the family eligible for assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
19.	Was the correct Payment Standard used? [Lesser of PS for which the family qualifies or the bedroom size of the unit selected.]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
20.	Was the correct Contract Rent used? [50058 Item 12k]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
21.	Was the correct Voucher Size entered on the HUD-50058? [50058 Item 12a]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
22.	Was the correct Utility Allowance used? [Use utility allowance schedule for the actual size of the unit selected.] [50058 Item 12m]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
23.	Was the family's Total Family Share (as shown on the HUD-50058) no more than 40% of Adjusted Income? Compare total family share (12t) to monthly adjusted income (9d) x .40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Section 3. Are the following voucher issuance/leasing documents in the file for the correct unit? (NA if the family did not lease a unit)						
24.	Housing Choice Voucher that reflects the correct voucher size for which the family is authorized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
25.	Request for Tenancy Approval signed by owner/agent and tenant. Comment if all documents the PHA requires as part of the RFTA package are not in the file.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

26.	Owner Lead-Based Paint Disclosure form signed by owner/agent and tenant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
27.	Tenant Lease (signed by owner/agent and tenant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
28.	Complete Rent Reasonableness Determination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
29.	HAP Contract signed by the owner/agent and PHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
30.	Was the HAP Contract executed by both the owner/agent and PHA within 60 days of the effective date? <i>[If no, indicate how many days after the effective date the Contract was fully executed.]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
31.	Was the HAP Effective date no earlier than the date of the passed inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Section 4. General Compliance						
32.	Was an EIV Income Report obtained for the New Admission approximately 120 days after the effective date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
33.	If an EIV Income Report was obtained, were any discrepancies resolved appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
34.						
35.						
<u>COMMENTS</u> _____						

**CHECKLIST FOR ANNUAL REEXAMINATION FILES (COMPLETE ONE PER FILE)**

PHA: _____									
TENANT ID: _____		EFFECTIVE DATE OF ACTION _____		REVIEWER/Date _____					
<b>FOR THIS REEXAMINATION</b>									
<input type="checkbox"/> Check if members were added to the HH <input type="checkbox"/> Check if members were deleted from the HH <input type="checkbox"/> Check if <b>Contract Rent adjustment</b> <input type="checkbox"/> and/or <b>Move</b> <input type="checkbox"/> was processed as part of this Annual Reexam									
<b>Section 1. Are the following Documents in the File?</b>					<b>Yes</b>	<b>No</b>	<b>NA</b>	<b>UTD</b>	<b>COMMENTS</b>
1.	Application for Continued Occupancy (or equivalent)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2.	HUD-9886 Authorization to Release Information, signed by each household member age 18 and above				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3.	HUD-52675 (Debts Owed PHA and Terminations) signed by all adult household members? [NA if reexam was effective earlier than 10/1/10]				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4.	Were the relationships of all household members correctly classified? (50058 Item 3h)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>-----Questions 5-8 only apply to NEW household members-----</b>									
5.	Documentation of SSN, age and name for ANY NEW household members				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6.	Citizenship declaration for ANY NEW household members				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	6a. Documentation of eligible non-citizen when applicable				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7.	Evidence that a criminal background check was completed for ANY NEW adult household member (AND juveniles if PHA policy requires)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8.	Does the file show that the Existing Tenant Search and Search for Former Tenant were conducted for ANY NEW household members?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	8a. If the new member was found to have debts owed or was listed in another assisted unit, did the PHA act appropriately to address the issue?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Section 2. Income, Expense and HAP Determinations						
9.	Does the file contain an EIV Income Report for the family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10.	If an income discrepancy was indicated on the EIV report was the discrepancy resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11.	Did the PHA correctly determine income to be counted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12.	Did the PHA correctly determine income to be excluded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13.	For each source of included income, does the file contain documentation to support the income entered on the HUD-50058?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14.	Were any dependents correctly identified and documented? [50058 Item 8q]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15.	Was the household properly classified as elderly or disabled? (If applicable) [50058 Item 8p]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
16.	Were child care expenses documented and calculated correctly? [50058 Item 8t]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17.	Were total medical expenses documented and calculated correctly? [50058 Item 8k]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18.	Were total disability expenses documented and calculated correctly? [50058 Item 8h]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
19.	Was the correct Payment Standard used? (See instructions for transition requirements if the PHA changed Payment Standard schedule within the last 24 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
20.	Was the correct Contract Rent used?[50058 Item 12k]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	20a. If a new Contract Rent was approved, does the file contain a Rent Reasonableness determination that supports the new Contract Rent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
21.	Was the correct Voucher Size entered on the HUD-50058? [50058 Item 12a]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
22.	Was the correct Utility Allowance used? [Use utility allowance schedule for the actual size of the unit selected.] [50058 Item 12m]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
23.	Does the file contain a notice to the owner and tenant of the change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

	In TTP and HAP with the correct information, based upon the HUD-50058? <i>[NA if the family moved as part of this Annual Reexamination]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
24.	Was the Reexam completed prior to the effective date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
25.	If the tenant's share was increased, did the tenant receive 30 days notice of the increase before it became effective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
26.	If the tenant's share increased, did the reexam become effective on the scheduled reexamination date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Section 3. Complete this section if a Move was Processed as Part of the Annual Reexam. Does the file contain:</b>						
27.	Housing Choice Voucher that reflects the voucher size for which the family is authorized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
28.	Request for Tenancy Approval signed by owner/agent and tenant for the new unit. <i>Comment if all documents the PHA requires as part of the RFTA package are not in the file.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
29.	Owner Lead-Based Paint Disclosure form signed by owner/agent and tenant for the new unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
30.	Tenant Lease (signed by owner/agent and tenant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
31.	Complete Rent Reasonableness Determination that supports the new contract rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
32.	HAP Contract signed by the owner/agent and PHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
33.	Was the HAP Contract executed by both the owner/agent and PHA within 60 days of the effective date? <i>[If no, indicate how many days after the effective date the contract rent was fully executed.]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
34.	Was the HAP Effective date no earlier than the date of the passed inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
35.	RENT INCREASE/MOVE Was the family's Total Family Share no more than 40% of Adjusted Income? <i>Compare 50058 (12t) to (9d) x .40</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**GENERAL OBSERVATIONS AND COMMENTS**

